

**STATE OF NEW JERSEY  
NOTARY PUBLIC NAME and/or ADDRESS CHANGE FORM**

This statement must be filed whenever a NOTARY PUBLIC adopts a name and/or address change different from that which was used at the time the commission was issued and **BEFORE** signing any document authorized or requested to be sign as a NOTARY PUBLIC.

This statement must **ALSO** be filed in the office of the county clerk in which the Notary Public may have filed the certificate of the commission and qualification.

IDENTIFICATION NO.	COMMISSION DATE	EXPIRATION DATE
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***PLEASE PRINT OR TYPE ALL INFORMATION BELOW***

\_\_\_\_\_  
FULL NAME OF NOTARY

\_\_\_\_\_  
PREVIOUS FULL NAME OF NOTARY

\_\_\_\_\_  
ADDRESS OF NOTARY *(INCLUDE COUNTY)*

\_\_\_\_\_  
PREVIOUS ADDRESS OF NOTARY *(INCLUDE COUNTY)*

\_\_\_\_\_  
SET FORTH CIRCUMSTANCES AND DATE BELOW UNDER WHICH NEW NAME WAS ADOPTED (I.E., MARRIAGE, DIVORCE, COURT ORDER, ETC.)

\_\_\_\_\_  
REASON

\_\_\_\_\_  
DATE

I HEREBY CERTIFY THAT THE ABOVE FACTS ARE TRUE AND CORRECT AND THE SIGNATURE PROVIDED BELOW IS TRUE AND CORRECT.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

The fee is \$25.00 and your cancelled check is your receipt. If you need written proof of these changes, an additional \$1.00 will be assessed and a check for \$26 should be submitted.

ALL CHECKS SHOULD BE MAILED TO:     DIVISION OF REVENUE  
NOTARY PUBLIC SECTION  
PO BOX 452  
TRENTON, NJ 08625